



**Immediately notify**  
DOH Communicable  
Disease Epidemiology  
Phone: 877-539-4344

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Epi Link: \_\_\_\_\_

☐ Outbreak-related

LHJ Cluster# \_\_\_\_\_  
LHJ Cluster Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

## Unexplained Critical Illness or Death

County \_\_\_\_\_

### REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

### PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

### CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

#### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Fever Highest measured temp (°F): \_\_\_\_  
☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

#### Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Preexisting medical condition which may have contributed to current illness or death

☐ ☐ ☐ ☐ Previously healthy

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

☐ ☐ ☐ ☐ Spleen removed (asplenic)

☐ ☐ ☐ ☐ Chronic diabetes

☐ ☐ ☐ ☐ Chronic heart disease

☐ ☐ ☐ ☐ Chronic kidney disease

☐ ☐ ☐ ☐ Chronic liver disease

☐ ☐ ☐ ☐ Chronic lung disease

☐ ☐ ☐ ☐ Cancer, solid tumors, or hematologic malignancies

#### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Encephalitis or encephalomyelitis

☐ ☐ ☐ ☐ Meningitis

☐ ☐ ☐ ☐ Meningoencephalitis

☐ ☐ ☐ ☐ Myocarditis

☐ ☐ ☐ ☐ Respiratory failure

☐ ☐ ☐ ☐ Liver abnormality or failure

☐ ☐ ☐ ☐ Leukocytosis (>15,000)

☐ ☐ ☐ ☐ Acute CNS event

☐ ☐ ☐ ☐ Botulism-like syndrome

☐ ☐ ☐ ☐ Paralysis or weakness

☐ ☐ ☐ ☐ Acute flaccid paralysis ☐ Asymmetric

☐ ☐ ☐ ☐ Symmetric ☐ Ascending ☐ Descending

☐ ☐ ☐ ☐ Endocarditis

☐ ☐ ☐ ☐ Pericarditis or pericardial effusion

☐ ☐ ☐ ☐ Respiratory infection Type: \_\_\_\_\_

☐ ☐ ☐ ☐ Gastrointestinal symptoms

☐ ☐ ☐ ☐ Hepatitis

#### Clinical Findings (cont'd)

Y N DK NA

☐ ☐ ☐ ☐ Rash observed by health care provider

Rash Distribution: \_\_\_\_\_

☐ Generalized ☐ Localized ☐ Macular

☐ Papular ☐ Pustular ☐ Vesicular

☐ On palms and soles ☐ Bullous

☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Regional lymphadenitis

☐ ☐ ☐ ☐ Hemorrhagic signs

☐ ☐ ☐ ☐ DIC

☐ ☐ ☐ ☐ Sepsis syndrome

☐ ☐ ☐ ☐ Shock

☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization

☐ ☐ ☐ ☐ Histopathologic evidence of an acute infectious process

☐ ☐ ☐ ☐ Was a final diagnosis made?

Final diagnosis: \_\_\_\_\_

☐ ☐ ☐ ☐ Admitted to intensive care unit

#### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

#### Laboratory

P = Positive O = Other  
N = Negative NT = Not Tested  
I = Indeterminate

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Source \_\_\_\_\_

P N I O NT

☐ ☐ ☐ ☐ ☐ Preliminary testing has revealed a cause for illness or death

**EXPOSURE**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ Congregate living

☐ Barracks ☐ Corrections ☐ Long term care

☐ Dormitory ☐ Boarding school ☐ Camp

☐ Shelter ☐ Other: \_\_\_\_\_

☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere

☐ ☐ ☐ ☐ Wildlife or wild animal exposure

Y N DK NA

☐ ☐ ☐ ☐ Insect or tick bite

☐ Deer fly ☐ Flea ☐ Mosquito

☐ Tick ☐ Louse ☐ Other: \_\_\_\_\_

☐ Unknown insect or tick type

Location of insect or tick exposure: \_\_\_\_\_

Date of exposure: \_\_\_\_\_

☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

☐ ☐ ☐ ☐ Invasive procedure

Description: \_\_\_\_\_

**Where did exposure probably occur?** ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: \_\_\_\_\_

☐ No risk factors or exposures could be identified

☐ Patient could not be interviewed
**PUBLIC HEALTH ISSUES**

Y N DK NA

☐ ☐ ☐ ☐ Potential bioterrorism exposure
**PUBLIC HEALTH ACTIONS**
☐ Any public health action, specify: \_\_\_\_\_
**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_